|                   | STATES PATENT | 4377 773 | ANDIAADK | <b>OFFICE</b> |
|-------------------|---------------|----------|----------|---------------|
| TAT TITLE TINITED | STATES PATENT | AND IK   | AUEVALA  | OLITCE        |

In re application of: Karpenko

Attorney Docket No.: VISAP022

Application No.: 09/390,937

Examiner: Dixon, Thomas A.

Filed: September 7, 1999

Group: 2161

Title: SELF-PAYING SMART UTILITY METER

AND PAYMENT SERVICE

Confirmation No.: 7838

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile (703) 305-7687: Commissioner for Patents, Washington, DC 20231 on

September 2, 2003.,

## REQUEST FOR CONTINUED EXAMINATION (RCE) (37 CFR §1.114)

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

NOTE: If the above identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. §1.53(d) instead of an RCE to be eligible for the patent term adjustment provisions of the AIPA.

#### Submission required under 37 C.F.R. §1.114: 1.

| a. | i.        | Previously submitted  Consider the amendment/reply under 37 C.F.R. §1.116 pre  22, 2003. (Any unentered amendment referred to above will be entered.) | will be enterea.)              |  |  |  |
|----|-----------|---|--------------------------------|--|--|--|
|    | ü.        | Consider the arguments in the Appeal Brief or Reply Brief   | previously filed on            |  |  |  |
|    | iii.      | Other   | ٠                              |  |  |  |
| b. | ī.<br>ii. | Enclosed Amendment/Reply Affidavit/Declaration  | RECEIVED<br>CENTRAL FAX CENTER |  |  |  |
|    | iii.      | Information Disclosure Statement with Form PTO-1449  Copies of IDS Citations  | SEP 0 3 2003                   |  |  |  |
|    | iv.       | Other   |                                |  |  |  |

2. Fees: (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

| Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e) | \$750 = | 750.00 |
|--|---------|--------|
|  | TOTAL   | 750.00 |
| SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)              |         |        |
|  |         |        |

- a. Applicant hereby petitions for a month extension of time.
  b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500388.
  c. Enclosed is our Check No. in the amount of \$ to cover the RCE fee, extension of time and additional fees.
  d. The Director is authorized to charge any fees beyond the amount enclosed which may be required, or to credit any overpayment, to Deposit Account No. 500388 (Order No. VISAP022)
- 3. Please continue to send correspondence to the following address:

**Customer Number 022434** 

022434

Date: September 2, 2003

Morgan E. Malino Registration No. 41,177



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## FACSIMILE COVER SHEET

September 2, 2003

Receiver: Examiner Thomas A. Dixon - Art Unit: 2161 3629

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09/390,937

Pages Including Cover Sheet(s): 3

**MESSAGE:** 

Re:

**OFFICIAL** 

Please see attached RCE. Thank you.

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